

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:	10/534,082	Art Unit:	tba
Filed:	May 5, 2005	Examiner:	tba
1 st Inventor:	S. Hinuma	Allowed:	
For:	Novel FPRL1 Ligands and Use Thereof	Batch:	
Atty. Dkt. No.	3118 US0P	Paper No.:	

Supplemental Information Disclosure Statement

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 23313-1450

Sir:

Pursuant to 37 CFR §1.56, 1.97 and 1.98, Applicants' request consideration of the references listed on the attached form PTO-1449 under §1.97(b).

This statement is being timely filed before the mailing of a first Office Action on the merits. No fee is required for this filing.

Should the Examiner believe that a conference with Applicants' attorney would advance prosecution of this application, the Examiner is respectfully invited to call Applicants' attorney.

Respectfully submitted,

Dated: December 14, 2005

(847) 383-3391
(847) 383-3372

Elaine M. Ramesh
Elaine M. Ramesh, Ph.D., Reg. No. 43,032
Mark Chao, Ph.D., Reg. No. 37,293
Attorney for Applicants
Customer No. 23115

Takeda Pharmaceuticals North America, Inc.
Intellectual Property Department
475 Half Day Road
Lincolnshire, IL 60069 USA

Certificate of Mailing under 37 CFR 1.10

The undersigned hereby certifies that this document, along with any attachments, is being deposited in an envelope addressed to The Commissioner of Patents and Trademarks, with sufficient postage with the United States Postal Service EXPRESS MAIL Post Office to Addressee Service on this date, December 14, 2005 .

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	10/534,082
Filing Date	May 5, 2003
First Named Inventor	S. Hinuma
Art Unit	tba
Examiner Name	tba
Attorney Docket Number	3118 USOP

Sheet	1	of	1
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U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ² Number ⁴ Kind Code ⁵ (if known)	MM-DD-YYYY			
		WO 00/31261	06-02-2000	Cadus Pharmaceutical Corp.		
		WO 01/57074	08-09-2001	Gov't of United States of Am.		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Application Number 10/534,082

Filing Date May 5, 2005

First Named Inventor S. Hinuma

Art Unit tba

Examiner Name tba

Attorney Docket Number 3118 USOP

Sheet

1

of

1

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		KLEIN, C. et al, "Identification of surrogate agonists for the human FPRL-1 receptor by autocrine selection in yeast," <u>Nature Biotechnology</u> , (Dec 1998), Vol 16, No. 13, pages 1334-1337	
		LI, B-Q. et al., "The synthetic peptide WKYVMv attenuates the function of the chemokine receptor CCR5 and CXCR4 through activation of formyl peptide receptor-like 1," <u>Blood</u> , (May 2001), Vol. 97, No. 10, pages 2941-2947	

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/534,082	
	Filing Date	May 5, 2005	
	First Named Inventor	S. Hinuma	
	Art Unit	tba	
	Examiner Name	tba	
Total Number of Pages in This Submission	13	Attorney Docket Number	3118 USOP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Copies of 4 references EP Search Report
Remarks The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature	<i>Elaine M. Ramesh</i>		
Printed name	Elaine M. Ramesh		
Date	12/14/05	Reg. No.	43,032

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